

SAINT JOSEPH CENTRAL CATHOLIC HIGH SCHOOL
FAMILY TUITION CONTRACT

PARENT'S NAME _____

ADDRESS _____

Names of children enrolled for 2019-2020 school year: _____ Grade _____

_____ Grade _____

_____ Grade _____

Parish Association _____, if applicable.

*Also, to qualify for the Catholic tuition rate you must have your Priest sign the In Parish Certification Form, which can be found on line.

TUITION AND FEE SCHEDULE
2019-2020

GRADES 9 THROUGH 12

<u>TUITION</u>	<u>1 STUDENT</u>	<u>ADD'L STUDENT</u>
Catholic	\$8,450	\$7,950
Other denomination	\$9,550	\$9,050

REGISTRATION FEE – (non- refundable)

*Per Student \$ 250 (After June 30th -- \$300)

REVERSE RAFFLE TICKET

*Per Family \$ 150

ATHLETIC FEE

*Per Athlete \$ 60

ALL FEES MUST BE PAID AT TIME OF REGISTRATION
FEES ARE NON-REFUNDABLE

TUITION (according to schedule, include all children) \$ _____ (A)

TOTAL TUITION COMMITMENT \$ _____

- | | |
|---|----------|
| 1. Add registration fee (____ # students x \$250) | \$ _____ |
| 2. Add Athletic fee (____ # students x \$60) | \$ _____ |
| 3. Add Reverse Raffle Fee (\$150) | \$ _____ |

TOTAL FEES \$ _____

TUITION ASSISTANCE

- | | |
|--------------------------------------|----------|
| 4. Diocesan Tuition Assistance (TAP) | \$ _____ |
| 5. Parish Assistance | _____ |
| 6. Scholarship Aid | _____ |

TOTAL TUITION and FEES \$ _____

PAYMENT PLAN OPTIONS

*PLAN A	Monthly-12 payments, begins July, 2019	Choose date:	5 th	15 th	20 th
*PLAN B	Monthly- 10 payments, begins September, 2019	Choose date:	5 th	15 th	20 th
*PLAN C	Semi-Annual- 2 payments, July, 2019/January, 2020	Choose date:	5 th	15 th	20 th
*PLAN D	Payment in Full – Due on or before July 1 st .				

There will be a \$200 discount if paid on or before May 1st.

*There is a \$40 non-refundable fee charged by FACTS to enroll each school year.

*There will be a 2% administrative fee if you pay by credit card. We accept Master Card or Visa.

TUITION ASSISTANCE

Anyone requesting financial assistance **MUST** fill out the online application at www.factsmgmt.com and click on grant & aid. You must also provide your most recent W-2 or tax return before being considered for any discounts.

_____ Initial here to acknowledge agreement with the above requirements for any tuition assistance or discounts.

TUITION REFUND POLICY

Withdrawal Before School Begins – any tuition paid will be reimbursed 100%. Fees will not be reimbursed including the \$250 non-refundable registration fee.

Withdrawal After School Begins – tuition will be prorated based upon the number of days the student is enrolled. Fees will not be reimbursed.

I agree to pay tuition and fees according to the payment plan indicated above. I acknowledge that payment must be made on or before due dates. 1% monthly interest will be charged every month my payment is late.

I understand that if tuition is in arrears my child will not receive report cards, transcripts, be allowed to take mid-term or final exams, or be eligible to register for the next term. Report cards, transcripts, records, etc. will not be made available to me or to schools, colleges, scholarship applications, or employers, until delinquent amount is satisfied.

If circumstances dictate that my child's behavior is determined to be of such a nature to warrant expulsion from St. Joseph Central Catholic High School, all tuition and fees paid to date will be forfeited.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____